

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042259

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3142
FILED OCT 30 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
14002			
24036			
3			
4 1			
5 2			
6			
7 0			
8 2			
9 400			
10			
11			
12 415			
13			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton, Mo.</u>		Length of stay in 1b <u>16 Yrs.</u>	c. CITY OR TOWN <u>Pine Lawn</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3709 Manola</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>J.</u> Last <u>Conrad</u>		4. DATE OF DEATH Month <u>10</u> Day <u>11</u> Year <u>63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/27/1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME <u>August Glassen</u>		11b. BIRTHPLACE (City and state or country) <u>Salisbury, Mo.</u>	
12a. MOTHER'S MAIDEN NAME <u>Catherine (Unavailable)</u>		12b. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown Conrad</u>	
15. SOCIAL SECURITY NO. <u>Nil.</u>		16. INFORMANT <u>Roy E. Conrad, 8548 White, Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease w/ congestive heart failure</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Bronchial Asthma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>8:20</u> a.m. <u>8:20</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-11-63</u> to <u>10-11-63</u> and last saw her alive on <u>10-11-63</u> Death occurred at <u>8:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John M. Dyer</u> (Degree or title)		22b. ADDRESS <u>601 S. Brentwood Clayton Mo.</u>	
22c. DATE SIGNED <u>10/12/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-12-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Salisbury, Mo.</u>	
24. FUNERAL DIRECTOR <u>Winkelmeyer Funeral Home, Salisbury, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Mumfry</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.